

10/10

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>67874</i>	<i>9/18/00</i>
O.I.P.E. CLASSIFIER	<i>MS</i>		<i>9/21/00</i>
FORMALITY REVIEW	<i>MA</i>	<i>830</i>	<i>10-06-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
t	(Through numeral)..... Canceled	A	..... Appeal
-t	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	1	11	
2	2	0.90	
3	3	0.90	
4	4	0.90	
5	5	0.90	
6	6	0.90	
7	7	0.90	
8	8	0.90	
9	9	0.90	
10	10	0.90	
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43	43	0.90	
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45	45	0.90	
46	46	0.90	
47	47	0.90	
48	48	0.90	
49	49	0.90	
50	50	0.90	

Claim	Date
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If more than 150 claims or 10 actions  
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